

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION 402 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/inra/ip_bs_comm_code/



| INSTRUCTION: Please refer to the attached four (4) page instructions. Attach additional pages on any 1. | manta escribirarios de la composição de |
|---|---|
| Attach additional pages as needed to complete this application. | Variance number (Assigned by department) |
| application. | - 1/ O/ C// |
| 2 SEAPPEICANT INFORMATION 20 | - 16-06-08(a) |
| AT APPLICANT INFORMATION (Person who would be insufation if variance it | Snot granied siscelled to the |
| | Tille |
| The or organization | Administration |
| Parke Co Paradi I C. | i caspitate tiniunst |
| Address (number and street, city, state, and ZIP code) | 1768 569 5677 ext 2 |
| | |
| 2 PERSON SUBMITTING APPLICATION ON PRESENT | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (In Name of person on behalf of the applicant | of submitted by the applicant). |
| | Title |
| Name of organization | |
| A.H. | Telephone number |
| Address (number and street, city, state, and ZIP code) | |
| | |
| 3. DESIGN:PROFESSIONAL OF REGORD ((If applicable) | |
| Nome of design professional | |
| No. of A | License number |
| Name of organization | - |
| Addings (succession) | Telephone number |
| Address (number and street, city, state, and ZIP code) | |
| | |
| 4 PROJECT IDENTIFICATION | |
| Name of project On A 1 1 al room school house | |
| 1 - 1 # 10 6 8 1111 \$1 - 52 - 5 1 | State project number County 383 466 Mon to the county |
| Site address (number and street, city, state, and ZIP code) with a exits | 383666 Montgomery |
| Type of project: Manual TW 479 | Ra |
| Addition Afteration FT | Channet |
| 5 REQUIRED ADDITIONAL INFORMATION: | Change of occupancy |
| The following required in factors: | |
| The following required information has been included with this application (check as appl | licable); |
| A check made payable to the Indiana Department of Homeland Security for the con- | |
| One (1) set of plans or drawings and supporting data that the | opnate amount. (see instructions) |
| One (1) set of plans or drawings and supporting data that describe the area affected alternatives. | by the requested variance and any proposed |
| Written documentation showing that the least and an arrangement | |
| Written documentation showing that the local fire official has received a copy of the v | /arīance application. |
| Written documentation showing that the local building official has received a copy of | the veriones and to a |
| | une variance application. |
| 6. VIOLATION:INFORMATION | 100 |
| Has the Plan Review Section of the Division - 5 | |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction | Order? |
| ☐ Yes (if yes, attach a copy of the Correction Order) ☐ No | Ĭ |
| | |
| The first of all and answers | the following) 🔀 No |
| Violation issued by: Lacal Building Department Control State City | · · · · · · · · · · · · · · · · · · · |
| Local Fire Department | Code Enforcement Section |
| | |

| ET DESCRIPTION OF REQUESTED VARIANCE |
|--|
| realite of code or standard and edition involved |
| 2008 Indiana Building Code Specific code section |
| Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary) |
| s, speces, equipment, etc. involved as necessary) |
| This is a rural, One-foom Amish school without electricity. The |
| electrically powered illumination of the exit signs will not be provided. |
| of the exit signs will not be provided |
| SESTIMON SERVICION TO PROVINCIONALIZACIONE DE LA PROVINCIONE DE LA PROVINCIONE DE LA PROVINCIONALIZACIONE DE LA PROVINCIONE DELLA PROVINCIONE DE LA PROVINCIONE DE LA PROVINCIONE DELLA PROVINCIONE DE LA PROVINCIONE DE LA PROVINCIONE DELLA PROVINCIONE DE LA PROVINCIONE DELLA |
| 8. DEMONSTRATION THAT PUBLIC HEALTH SAFETY AND WELFARE WILL BE PROTECTED. |
| Select one of the following statements: |
| |
| The samphanice with the rule will not be adverse to the public by |
| Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse facts demonstrating that the above selected statement is true. |
| to public health, safety, or welfare. Explain why alternative actions would be a start that granting of the variance will not be adver- |
| Facts demonstrating that the above selected statement is true: |
| and the above selected statement is true: |
| |
| Highly reflective, photo luminose, and the second s |
| Highly reflective, photo-luminescent exit signs will be provided at all |
| There will be hard nined to |
| There will be hard-piped L.P. gas lights or Coleman lanterns or Leacock lights installed for lighting. |
| real for lighting. |
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| 9. DEMONSTRATION OF UNDITE HARDSHIP OF THE TOTAL OF THE T |
| 9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE |
| Select at least one of the following statements: |
| |
| Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or |
| Imposition of the pulsary to the construction site or |
| Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the |
| balloting of structure |
| Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction |
| elements. elements. |
| Imposition of the rule would prove the |
| Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. |
| Facts demonstrating that the above selected statement is true: |
| |
| This rural Amish school is not served with electricity to power the exit sign lighting. There will be hard all a lighting. |
| the exit sign lighting when its not served with electricity to power |
| the exit sign lighting. There will be hard-piped L.P. gas lights or Coleman lanterns or Leacock lights installed for lighting. |
| Coleman lanterns or Leacock lights installed for lighting. |
| |
| |
| 10. STATEMENT OF ACCURACY |
| |
| I hereby certify under penalty of perjury that the information contained in this application is accurate. |
| Please print same |
| Date of signature (month, day, year) |
| - Comos X roll |
| Please print name |
| N A Date of signature (month, day, year) |
| STATEMENT OF AN AREA |
| f 11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement). I hereby certify under penalty of perjury that I am aware of this request forms: |
| I hereby certify under penalty of perjury that I am aware of this requests. |
| Signature of application is height submitted on the state of the sequest for variance and that this application is height submitted on the state of the sequest for variance and that this application is height submitted on the sequest for variance and that this application is height submitted on the sequest for variance and that this application is height submitted on the sequest for variance and that this application is height submitted on the sequest for variance and that this application is height submitted on the sequest for variance and that this application is height submitted on the sequest for variance and that this application is height submitted on the sequest for variance and that the sequest for variance and the sequest |
| The state of the s |
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| Amos & Esh 5-10-16 |

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our community



INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
402 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/ine/ip_bs_comm_code/



| INSTRUCTION: Please refer to the attached four (4) page instructions. Attach additional pages as a series of the structions. | المستحدة وتتماد المناه |
|--|--|
| Attach additional pages as needed to complete this application. | Variance number (Assigned by department) |
| to complete this application. | |
| APPER AND INC. | 16.06-18.6) |
| Marco Education INFORMATION (Person who would be in violation it variance in | |
| Name of the applicant | mot granted; usually this is the owner) |
| Name of organization AIMES 5 F.5h | Time |
| | Telephone number |
| Address (number and street, city state and 710 and 1 | , and provide trainings |
| Aduless (Number and street, city, state, and ZIP code) | 1768 569 5677 ext 2 |
| 603 S 350 W 12 W 31 34 W | |
| | |
| Name of person on behalf of the applicant | of submitted by the applicant) |
| <u></u> | Tille |
| Name of organization | |
| | Telephone number |
| Address (number and street, city, state, and ZIP code) | () |
| | |
| 2. DESIGN PROFESSIONAL OF REGORD (If applicable) | |
| Name of design professional | |
| A.A. A. | License number |
| Name of organization | |
| 3-1-2-3017 | Telephone number |
| Address (number and street all a | () |
| Address (number and street, city, state, and ZIP code) | |
| A Para San San San San San San San San San Sa | |
| 4 PROJECT DENTIFICATION | |
| Name of project a 1 room school house | |
| 1 15272 2 4 757 1 21 - 23 4 6 1 1 | State project number County |
| One address mumber and street, city, state, and ZIP code) | 383466 - Montgomery |
| 1050 S Waveland TV 179 | 0.0 |
| Type of project: New Addition Alteration | 3 9 |
| | Change of occupancy |
| 5 REQUIRED ADDITIONAL INFORMATION. | |
| The following required information has been included with this application (check as application) | |
| A check made navehile to the Indiana Description with application (check as application) | licable): |
| by able to the indiana Department of Homeland Security for the applications of the security for the applications are the security for the secu | Opriate amount. (see instructional |
| One (1) set of plans or drawings and supporting data that describe the area affected alternatives. | the vi |
| alternatives. | by the requested variance and any proposed |
| Written documentation showing that the local fire official has received a copy of the v | |
| Mistage de la copy of the v | /ariance application. |
| Written documentation showing that the local building official has received a copy of | the variance application |
| | and retrience application. |
| 6. WOLATION INFORMATION | |
| | |
| | |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Committee | D Order? |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction | n Order? |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Yes (if yes, attach a copy of the Correction Order) No | _ |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Yes (if yes, attach a copy of the Correction Order) No | _ |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Yes (if yes, attach a copy of the Correction Order) No Has a violation been issued? Yes (if yes, attach a copy of the Violation and answer Violation issued by: | the following) 🔀 No |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Yes (if yes, attach a copy of the Correction Order) No Has a violation been issued? Yes (if yes, attach a copy of the Violation and answer Violation issued by: Local Building Department State Fire and State Fire | the following) 🔀 No |
| Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Yes (if yes, attach a copy of the Correction Order) No Has a violation been issued? Yes (if yes, attach a copy of the Violation and answer Violation issued by: | _ |

| 7. DESCRIPTION OF REQUESTED VARIANCE | Specific code section | |
|--|--|--|
| Name of code or standard and edition involved Indiana Building | | |
| Nature of non-compliance (Include a description of spaces, equip | | |
| | | |
| This is a small one room A | | ingtalled |
| The bathroom required by s | section 2902.1 will not be | installed. |
| 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFET | TY AND WELFARF WILL BE PROTECTED | |
| Select one of the following statements: | | |
| Non-compliance with the rule will not be adverse to | the public her th, safety or welfare; or | |
| Applicant will undertake alternative actions in lieu of public health, safety, or welfare. Explain why alternative | of compliance with the rule to ensure that granting of the native actions would be adequate (be specific). | the variance will not be adverse to |
| Facts demonstrating that the above selected statement is true: | | |
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| than 40. | room school with occupant | TOUG OF TERR |
| | es will be used, one for ea | ach sex. |
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| | | |
| 9. DEMONSTRATION OF UNDUE HARDSHIP OR HIS | STORICALLY SIGNIFICANT STRUCTURE | |
| Select at least one of the following statements: | | |
| - • | ship (unusual difficulty) because of physical limitations | i i |
| | ship (unusual difficulty) because of major operational p | |
| | ship (unusual difficulty) because of excessive costs of | F |
| | n of an architecturally or a historically significant part of | r the building or structure. |
| Facts demonstrating that the above selected statement is true: | | |
| This is a small rural one | room Amish school, with no | o plumbing or |
| water supply to operate a | | · |
| | | |
| | | |
| | | |
| 10. STATEMENT OF ACCURACY | | |
| I hereby certify under penalty of perjury that the in | nformation contained in this application is accu | rate. |
| Signature of applicant or person submitting application | Please print name | Date of signature (month, day, year) |
| James & Esh | Amos S Esh | 5-3-16 |
| Signature of design professional (if applicable) | Please print name | Date of signature (month, day, year) |
| | in the second and the second and the second | licant must sign the following statement) |
| 11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.) I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on any behalf. | | |
| Signature of applicant | Please print name | Date of signature (month, day, year) |
| anna 1 5 h | Amos S Esh | 5-10-16 |
| · · · · · · · · · · · · · · · · · · · | / (4) | oue community |



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



| INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application. | Variance number (Assigned by department) 16 - 06 - 08 (4) |
|--|--|
| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; u | sually this is the owner) |
| Amos S Esh | |
| Name of organization | Administrator Telephone number (763) 369 5677 |
| Parke Co Parochial Schools Address (number and street, city, state, and ZIP code) 403 S- 350 W Rockville IN 47872 | 17201 347 34.1 |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by | y the applicant) |
| Name of applicant | Tide |
| Name of organization | Telephone number |
| Address (number and street, city, state, and ZIP code) | |
| | |
| DESIGN PROFESSIONAL OF RECORD (If applicable) Name of design professional | License number |
| Name of organization | 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| Walle of organization | Telephone number |
| Address (number and street, city, state, and ZIP code) | |
| 4. PROJECT IDENTIFICATION | |
| Name of project Peace ful Acros School Alropm school Address of site (number and street, city, state, and ZIP code) | State project number County 1) 383666 Montgomery |
| | |
| 8205 W 1050 5 Waveland IN 479 | 84 |
| Type of project | |
| New Addition Alteration Change of occupancy | ☐ Existing |
| Type or project | ☐ Existing |
| Type of project New | runt. (see instructions) |
| Type of ploject New Addition Alteration Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount of the control | eunt. (see instructions) ested variance and any proposed alternatives. |
| Type of project New | ount. (see instructions) ested variance and any proposed alternatives. Dication. |
| New | ount. (see instructions) ested variance and any proposed alternatives. Dication. |
| New | ount. (see instructions) ested variance and any proposed alternatives. Dication. |
| New Addition Alteration Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate and One (1) set of plans or drawings and supporting data that describe the area affected by the required Written documentation showing that the local fire official has received a copy of the variance application in the indianal point of the indianal point of the indianal point of the variance application in the indianal point of the indianal point of the indianal point of the variance application (check as application (che | ount. (see instructions) ested variance and any proposed alternatives. Dication. |
| New Addition Alteration Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount of the control of the properties of the area affected by the requirement of the properties of the | ount. (see instructions) ested variance and any proposed alternatives. Dication. |

| 7/5:DESGRIPTION OF REQUESTED VARIANCE | Specific code section | |
|--|--|-------------------------------------|
| Name of code or standard and edition involved 2008 Indiana Building Code | 1006 | |
| include a description of spaces, equipment, | involved as necessary) | |
| This is a small rural Amish school. | Means of egress illu | mination |
| This is a small rural Amish school. | e installed. | |
| required by Section 1000 Will 1100 | | |
| EST DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND | WELFARE WILL BE PROTECTED | |
| S DEMONSTRATION REPARTMENTS DESCRIPTION OF STREET | | |
| Select one of the following statements: | | |
| | : health, safety or welfare; or | y |
| Non-compliance with the full with the view attendance in lieu of compliance | ce with the rule to ensure that granting of t | IVE ASUSTICE MILLIOURE GOLC |
| Non-compliance with the rule will not be adverse to the public Applicant will undertake alternative actions in lieu of compliand to public health, safety, or welfare. Explain why alternative actions in the public health, safety, or welfare. | Mions would be adequate (50 -). | |
| Facis demonstrating that the above selected statement is true: | | schools is |
| | cavel to and from these. Because of this, the | school buildi: |
| 1: abod during adviruate meaning | | |
| will not be used during non-daylight will not be used during non-daylight -Highly reflective photo luminescer | nt exit signs will be | installed at ea |
| -Highly reflective photo imminos | | . |
| exit door. | | |
| | | |
| | | |
| | ANY SIGNERANT STRUCTURE | |
| 3. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORIC. | MET ASIGMITICAL | 25 (100) |
| Select at least one of the following statements: | | a series often |
| Select at least one of the following statements: Imposition of the rule would result in an undue hardship (unit | usual difficulty) because of physical limita | tions of the construction site |
| 图 Imposition of the rule would result in an arrow its utility services. | transfer bossuse of major operation | onal problems in the use of t |
| its utility services. Imposition of the rule would result in an undue hardship (unit | usual difficulty) because of major operation | |
| building or structure. Imposition of the rule would result in an undue hardship (unus | rual difficulty) because of excessive costs of | f additional or altered constru |
| Imposition of the rule would result in an undue naroship (unus | Ball difficulty is a | |
| elements. Imposition of the rule would prevent the preservation of an a | architecturally or a historically significant | part of the building or structi |
| Imposition of the rule would prevent the preservation of the | | |
| Facts demonstrating that the above selected statement is true: | | the |
| This rural Amish school is not ser | ved with electricity t | to bower cue |
| This rural Amish school is not | · | |
| emergency lighting. | | |
| | | |
| | | |
| | The Control of the Co | |
| = 10 STATEMENT OF ACCURACY | rained in this application is accurate. | |
| I hereby certify under penalty of perjury that the information control thereby certify under penalty of perjury that the information control thereby certified application. | ist name | Date of signature (month, da |
| Signature of applicant or person submitting application | | 5-3-16 |
| Carre & Esh | Amos S Esh | 5-3-16 Date of signature (month, da |
| Signature of design professional (if applicable) Please pri | int name | |
| | | \ -t-ousts:gn#he/pllowing≤fa |
| N A 11. STATEMENT OF AWARENESS (IF the application is subn | nitted on the applicant's behalf, the applica | mains submitted on the |
| It STATEMENT OF AWARENESS (listife application is subjudied by the subjudied of the subjudied by the subjudi | request for variance and that this applicat | tion is being submitted on the |
| I hereby certify under penalty of perjury that the Please pi | | Date of signature (monut, of |
| Signature of applicant | Amos S Esh | 5-10-16 of our commu |
| amos & Esh | 1111000 | of our commu |



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION 302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



| INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to a second to a sec | Embergia, hy a his mail downwhitere |
|--|--|
| | Variance number (Assigned by department) |
| APPLICANT INFORMATION (Person who would be in violation if variance is not granted; a Name of applicant | 16-06-08(d) |
| Amor C F-1 | Title |
| Name of organization | Admission to de |
| Name of organization Parke Co Parochial Schools Address (number and street, city, state, and ZIP code) | Telephone number |
| (1) A 3 (F) (2) A state, and ZIP code) | (765) 569 5677 ext 2 |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE 47872 | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by Name of applicant | y the applicant) |
| Name of organization | Title |
| value of organization | Tolor |
| Address (number and street, city, state, and ZIP code) | Telephone number |
| | |
| 3. DESIGN PROFESSIONAL OF RECORD (If applicable) | |
| Name of design professional | |
| Name of organization | License number |
| | Telephone number |
| Address (number and street, city, state, and ZIP code) | () |
| 7 PDG F | |
| 4. PROJECT IDENTIFICATION Name of project | |
| Praceful A. Cilli | State project number County |
| Address of site (number and street, city, state, and ZIP code) R 205 | 383666 Montgomen |
| Type of project William Total State, and ZIP code) Type of project Waveland IN 47989 | Montgomery |
| | |
| 5. REQUIRED ADDITIONAL INFORMATION | Existing |
| ine following required information has been included a till the | |
| | |
| One (1) set of plans or drawings and supporting data that describe the area affected by the requested. Written documentation showing that the local fire official has received a copy of the variance are in | (see instructions) |
| Written documentation showing that the local fire official has received a copy of the variance applica | ed variance and any proposed alternatives. |
| vvritten documentation showing that the local building official has received a convert | tion. |
| 6. VIOLATION INFORMATION | plication. |
| Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, affach a copy of the Community of the Communit | |
| Yes (If yes, attach a copy of the Correction Order.) As a violation been issued? | |
| Yes (If yes, attach a copy of the Violation and answer " | |
| Local Dutter in | |
| State Fire and Building Code Enforcement Section | I ocal Fire Donata |
| | Local Fire Department |

| Nature of non-compliance includes a description of spaces, excluding clede Nature of non-compliance includes a description of spaces, excluding as necessary.) This is a rural, one room school with no electricity. The artificial intrinser electric lighting will not be installed. **B. DEMONSTRATION THAT RUBLIC HEALTH, SAFETY, AND WELFARE WILLBE PROTECTED Select one of the following statements: Non-compliance with the rule will not be adverse to the public health, safety or welfare; or Applicant will undestake alternative actions in lieu of compliance with the public health, safety, or welfare. Explain why elternative actions won.* Feds demonstrating that the above selected statement is true: There will be hard piped LP lights or Coleman lanterns installed for lighting. **SOEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE** SEED at least one of the following statements: Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hards | 7. DESCRIPTION OF REQUESTED VARIANCE | | | |
|--|---|---|---|-------------------------------------|
| This is a rural, one room school with no electricity. The artificial intrins electric lighting will not be installed. **Bestons of the following statements: Non-compliance with the rule will not be adverse to the public health, safety or welfare; or | Name of code or standard and edition involved | Specific code sec | tion . | |
| This is a rural, one room school with no electricity. The artificial intrins electric lighting will not be installed. **Bestone of the following statements: Non-compliance with the rule will not be adverse to the public health, safety or welfare; or | Nature of non-compliance (Include a description of spaces, equipment, | etc. involved as necessary.) | 1205.1. | |
| Non-compliance with the rule will not be adverse to the public health, safety or welfare; or Applicant will undertake alternative actions in lieu of compliance with the public health, safety, or welfare. Explaint why alternative actions worth adequate (he specific). Facts demonstrating that the above salected statement is true: There will be hard piped LP lights or Coleman lanterns There will be hard piped LP lights or Coleman lanterns select at least one of the following statements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure. Electricity is not installed in the Amish one room school houses. Therefore electric lighting is not an option. Date of signature (month, day, year) Please print name Date of signature (month, day, year) L. STATEMIENT OF AWARENESS (If the septication is submitted on the applicant name Please print name Date of signature (month, day, year) Please print name Date of signature (month, day, year) Please print name Date of signature (month, day, year) | This is a rural, one room so | hool mill | ectricity. The a | rtificial |
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| Applicant will undertake alternative actions in lieu of compliance with the public health, safety, or welfare. Explain why alternative actions wor." Facts demonstrating that the above selected statement is true: There will be hard piped LP lights or Coleman lanterns installed for lighting. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURES Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services. Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of ad | statements; | | | |
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| Please print name Date of signature (month, day, year) Please print name Date of signature (month, day, year) Please print name Date of signature (month, day, year) Date of signature (month, day, year) | 0. STATEMENT OF ACCURACY | | | |
| Please print name Date of signature (month, day, year) Please print name Date of signature (month, day, year) Please print name Date of signature (month, day, year) Date of signature (month, day, year) Date of signature (month, day, year) | hereby certify under penalty of perjury that the information | n contained in this application | on is accurate | |
| gnature of applicant Please print name Date of signature (month, day, year) | ignature of design professional (if applicable) | Please print name Awas Please print name | Date of signature | 3 -16 gnature (month, day, year) |
| gnature of applicant Please print name Date of signature (month, day, year) | ** CHATCMENT OF AWARENESS (If the application is submi | itted on the applicant's behal | f, the applicant must sign the | following statement.) |
| Please print name Date of signature (month, day, year) | nereby ceruly under penalty of perjury that I am aware of this | request for variance and that | t this application is being subn | nitted on my behalf. of |
| | and I Esh | Please print name | Date of sig | nature (month, day, year) |

our community



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Title Atmos S Fsh Name of organization Perke Co Parochial Schools Address (number and street, city, state, and ZIP code) CO3 S 350 W Rockville 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of organization Telephone number | |
|--|--------------|
| Name of organization Parke Co Parochial Schools Administrator Telephone number (765) 569 5677 Address (number and street, city, state, and ZIP code) (803 S 350 W Rockville 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Title | |
| Address (number and street, city, state, and ZIP code) 603 5 350 W Rockville 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Title | |
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| Name of applicant Title | |
| | |
| Name of organization Telephone number | |
| | |
| Address (number and street, city, state, and ZIP code) | |
| | |
| 3. DESIGN PROFESSIONAL OF RECORD (If applicable) | |
| Name of design professional License number | • |
| Name of organization Telephone number | |
| | |
| Address (number and street, city, state, and ZIP code) | |
| 4. PROJECT IDENTIFICATION | |
| | |
| Name of project Peaceful Acres School (A I room School) 383666 Montgome Address of site (number and street, city, state, and ZIP code) | 74 |
| Address of site (number and street, city, state, and ZIP code) | • |
| 8205 W 1050 S Waveland I 47989 Type of project | |
| ☑ New ☐ Addition ☐ Alteration ☐ Change of occupancy ☐ Existing | er er skille |
| 5. REQUIRED ADDITIONAL INFORMATION | |
| The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) | |
| One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. | |
| Written documentation showing that the local fire official has received a copy of the variance application. | |
| Distriction accompany and an annual management and an arrangement and a state of the state of th | |
| Written documentation showing that the local building official has received a copy of the variance application. | |
| ☐ Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION | |
| 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? | |
| 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) | |
| 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? | |

| . DESCRIPTION OF REQUESTED VARIANCE | | |
|--|---|---|
| श्विताe of code or standard and edition involved | Specific code section | |
| | · | 907.2.3. |
| Nature of non-compliance (Include a description of spaces, equipment, etc. in | nvolved as necessary.) | |
| This is a small, rural, One roc of less than \$0. | | |
| The fire alarm systemowill not section 90772:3. | be installed as | requir _a ed by |
| B. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND W | VELEARE WILL BE PROTECTE | en e |
| Select one of the following statements: | | |
| Non-compliance with the rule will not be adverse to the public | health, safety or welfare; or | |
| Applicant will undertake alternative actions in lieu of compliant public health, safety, or welfare. Explain why alternative action | ce with the rule to ensure that grans would be adequate (be special | anting of the variance will not be adverse to fic). |
| Facts demonstrating that the above selected statement is true: | * | , |
| | | |
| All occupants of this small one room and will do fire drills th | room Amish scho roughout the sch | ool will be in the same |
| | | |
| | | |
| . DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALL | V SIGNIFICANTE CHENCOLUBE | |
| Select at least one of the following statements: | a siemingam en reception | |
| Imposition of the rule would result in an undue hardship (unusua | al difficulty) because of physical lit | nitations of the construction site or its utility services. |
| Imposition of the rule would result in an undue hardship (unusua | d difficulty) because of major ope | rational problems in the use of the building or structure. |
| Imposition of the rule would result in an undue hardship (unusua | difficulty) because of excessive | costs of additional or altered construction elements. |
| Imposition of the rule would prevent the preservation of an archit | tecturally or a historically significa | nt part of the building or structure. |
| Facts demonstrating that the above selected statement is true: | | |
| This building will not have elec | ctricity to open | |
| and the state of t | corrector co ober | ate a fire alarm system. |
| | | |
| | 3 | |
| | | |
| 0. STATEMENT OF ACCURACY | | |
| | | |
| hereby certify under penalty of perjury that the information | contained in this application | is accurate. |
| Signature of applicant or person submitting application | Please print name | Date of signature (month, day, year) |
| Signature of design professional (if applicable) | Please print name | 5/ 5 - 3 - 1 6 Date of signature (month, day, year) |
| and the second of the second o | . Journal Hallie | Date of Signature (month, day, year) |
| 1. STATEMENT OF AWARENESS (If the application is submit | ted on the applicant's behalf, i | the applicant must sign the following statement.) |
| hereby certify under penalty of perjury that I am aware of this r | equest for variance and that the | nis application is being submitted on by behalf. |
| Signature of applicant | Please print name | Date of signature (month, day, year) |
| arris & Esla | Amos S Es | ch 5-10-16 |
| | | AUN com hours to |



